193R Application Spreadsheet

INSURANCE COMPANY	GROUP NAME	STREET ADDRESS	CITY/TOWN	STATE	ZIP CODE	AUTO (A) or HOME (H)	PROPOSED RATE DEV. (0.0%)	PROPOSED EFFECTIVE DATE	GROUP TYPE (CU, E, M, U)	TOTAL NUMBER IN GROUP	ELIGIBLE NUMBER IN GROUP	NUMBER OF CURRENT INSUREDS	ORIGINAL PLAN DATE	PRODUCER OR MARKETING REPRESENTATIVE	PRODUCER OR MARKETING REPRESENTATIVE CONTACT INFORMATION	EXPERIENCE SUBMITTED YES OR NO
Electric Insurance Company	**Synchrony**	777 LONG RIDGE ROAD	STAMFORD	CT	06902-1250	**(A)**	8.0%	11/16/15	E	7,646	17	9	11/16/15	Anita Pacheco	800.227.2757 or www.electricinsuran	No

EXPENSE EXHIBIT FOR ALL AUTO & HOME 193R GROUP MARKETING RATE DEVIATIONS

Year Plan Will be Applied **<insert year>**

Insurers are required to submit the expense ratios underlying their current rates and the expense ratio or average expense per unit associated with the group marketing rate deviation.

INSURANCE COMPANY	GROUPNAME	(1) Expenses Assumed In Insurer's Rates Currently On File	(2) Expenses Associated With Group Marketing Plan	(3) Reasons for Expensed Difference	(4) Requested Group Rate Deviation
Electric Insurance Company	Synchrony	33% Physical Damage 30.4% Liabilty	31.8% Physical Damage 29.1% Liability	Direct business Lower acquisition costs Reduced marketing costs	8.0%

PREMIUM /LOSS/EXPENSE EXHIBIT FOR 193R AUTO/HOME GROUPS AT LEAST 3 YEARS OLD WITH 1,000 OR MORE INSURED UNITS

<insert year below>

Year Plan Will be Applied 2015

Insurers are required to submit a minimum three (3) full years of data, but can at their option submi
additional years of data by inserting additional columns

INSURANCE COMPANY	GROUPNAME	Earned Premium			Incurred Loss Incl. IBNR			Incurred Loss Ratio			
		2012	2013	2014	2012	2013	2014	2012	2013	2014	3 Yr. Total
Electric Insurance Company	Synchrony										

Attachment Massachusetts Auto- group marketing application- synchrony.xls is not a PDF document and cannot be reproduced here.

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193R Application Spreadsheet

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EXPENSE EXHIBIT FOR ALL AUTO & HOME 193R GROUP MARKETING RATE DEVIATIONS

Year Plan Will be Applied **<insert year>**

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INSURANCE COMPANY	GROUPNAME	(1) Expenses Assumed In Insurer's Rates Currently On File	(2) Expenses Associated With Group Marketing Plan	(3) Reasons for Expensed Difference	(4) Requested Group Rate Deviation
Electric Insurance Company	Synchrony				8.0%

PREMIUM /LOSS/EXPENSE EXHIBIT FOR 193R AUTO/HOME GROUPS AT LEAST 3 YEARS OLD WITH 1,000 OR MORE INSURED UNITS

<insert year below>

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EXPENSE EXHIBIT FOR ALL AUTO & HOME 193R GROUP MARKETING RATE DEVIATIONS

Year Plan Will be Applied **<insert year>**

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PREMIUM /LOSS/EXPENSE EXHIBIT FOR 193R AUTO/HOME GROUPS AT LEAST 3 YEARS OLD WITH 1,000 OR MORE INSURED UNITS

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